

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Sm</i>		10/25/99
O.J.P.E. CLASSIFIER	<i>NY</i>		10/30/99
FORMALITY REVIEW		65418	11-9-99

INDEX OF CLAIMS

✓ ..... Rejected  
 ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	10/24/02
2	10/24/02
3	10/24/02
4	10/24/02
5	10/24/02
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Claim	Date
Final Original	
51	10/24/02
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99	10/24/02
100	10/24/02

Claim	Date
Final Original	
110	10/24/02
111	10/24/02
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150	10/24/02

If more than 150 claims or 10 actions  
staple additional sheet here

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